Date 1/24/200

	IIK I TEGUCION A	ACT OF 1995, NO persons are i	required to respond to a c	sollection of infor	nation unles	s it displays	a valid OMB control num
CEffe		Complete If Known					
Fees pursuant to the Consol	Application Numb	er 10/69	98,908				
FEE TR	Filing Date		October 31, 2003				
for	First Named Inve	ntor Rand	Randall T. Webber				
	Examiner Name	Fenn	Fenn C. Mathew				
Applicant claims small of	Art Unit	3704					
TOTAL AMOUNT OF PAYMENT (\$)295.00		Attorney Docket N	√o. 1115	86-093U	TL		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 50-2075 Deposit Account Name: Procopio, Cory, Hargreaves & Savitch LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
WARNING: Information on this form may become public Credit card information should not be included on this form Broulds and							
information and authorization on P10-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
					MINATION		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	Small Entity e (\$) Fee (\$)	! Fee (\$)		all Entity ee (\$)	Fees Paid (\$)
Utility	300		00 250	200) <u>-</u>	100	rees Paig (\$)
Design	200	-	00 50	130		65	
Plant	200		00 150	160		80	
Reissue	300		00 150	600		300	
Provisional	200		0 230	000			
2. EXCESS CLAIM FEI		100	U U	U		0	
Eee Description						_	Small Entity
Each claim over 20 (inc	Inding Reis	(snec)				Fee (\$) 50	Fee (\$) 25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims							endent Claims
- 54 or HP		× 25 =	50.00			Fee (\$)	Fee Paid (\$)
HP = highest number of total cl							
Indep. Claims 2 - 3 or HP	Extra Cla		Fees Paid (\$)				
2 -3 or HP : HP = highest number of indepe		x 0 =	0				
3. APPLICATION SIZE		ald for, ii greater trian 3					
		gs exceed 100 sheets of	of money (avaluding	-1-atronicall	- Slada-		
listings under 37 Cl	TR 1 52(e))	, the application size f	or paper (excuring	6 for small o	y luca sec	luence or	computer
		35 U.S.C. 41(a)(1)(G			nuty) 101	each addi	monai 30
	xtra Sheets		ach additional 50 or 1		of Fee	e (\$)	Fee Paid (\$)
-100 = 0 /50= 0 (round up to a whole number) x 0 = 0							
4. OTHER FEE(\$)							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement, Terminal Disclaimer 245.00							
Otner (e.g., late min	ig surcharg	e): Intermation Discie	sure Statement, Le	rminal Discla	imer		245.00
SUBMITTED BY							
Signature	tco12	ue Pronter	Registration No. 31	1,468		Telephor	ne 619-238-1900

Name (Print/Type) Katherine Proctor